**FIG. 1**

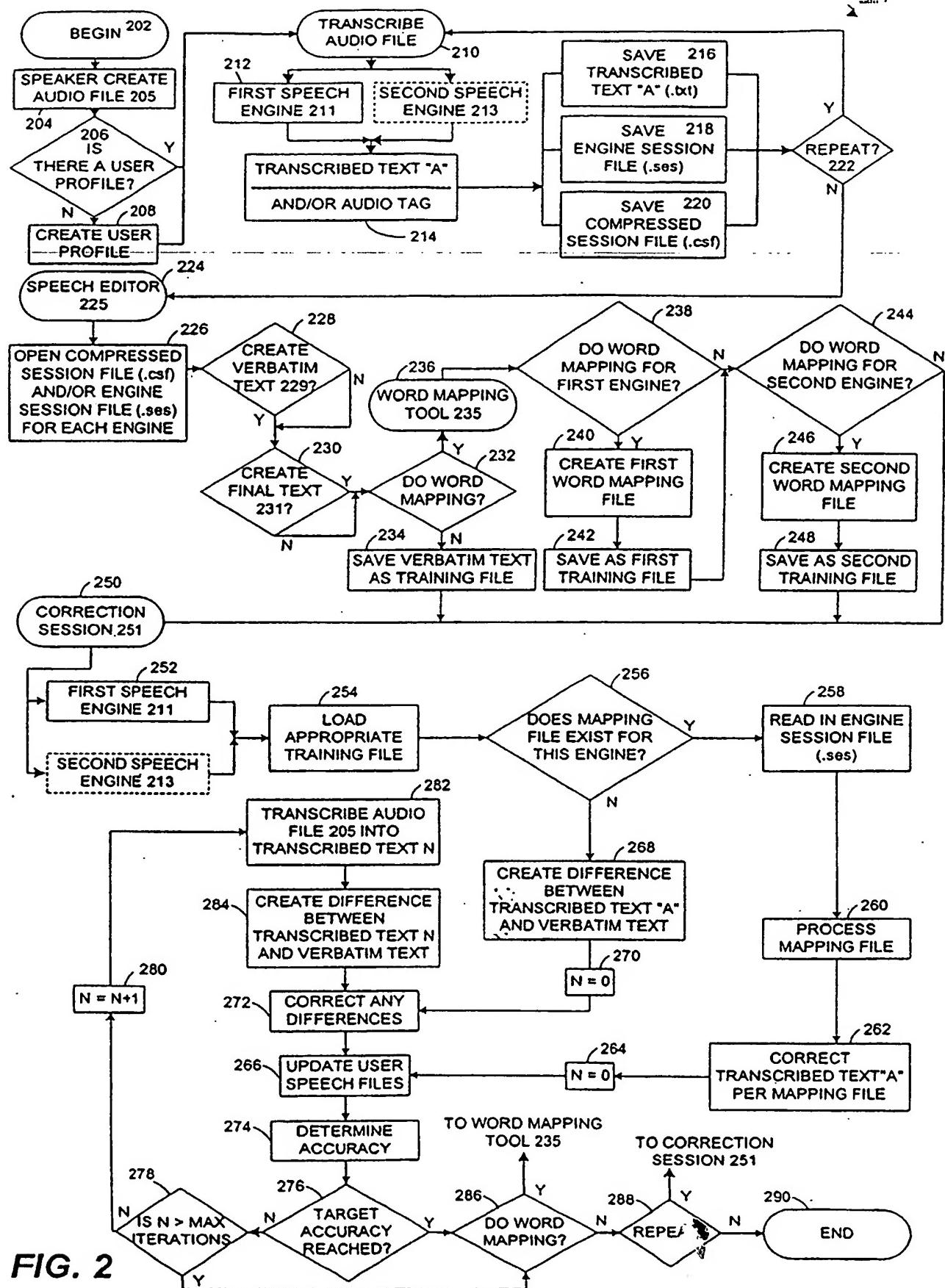
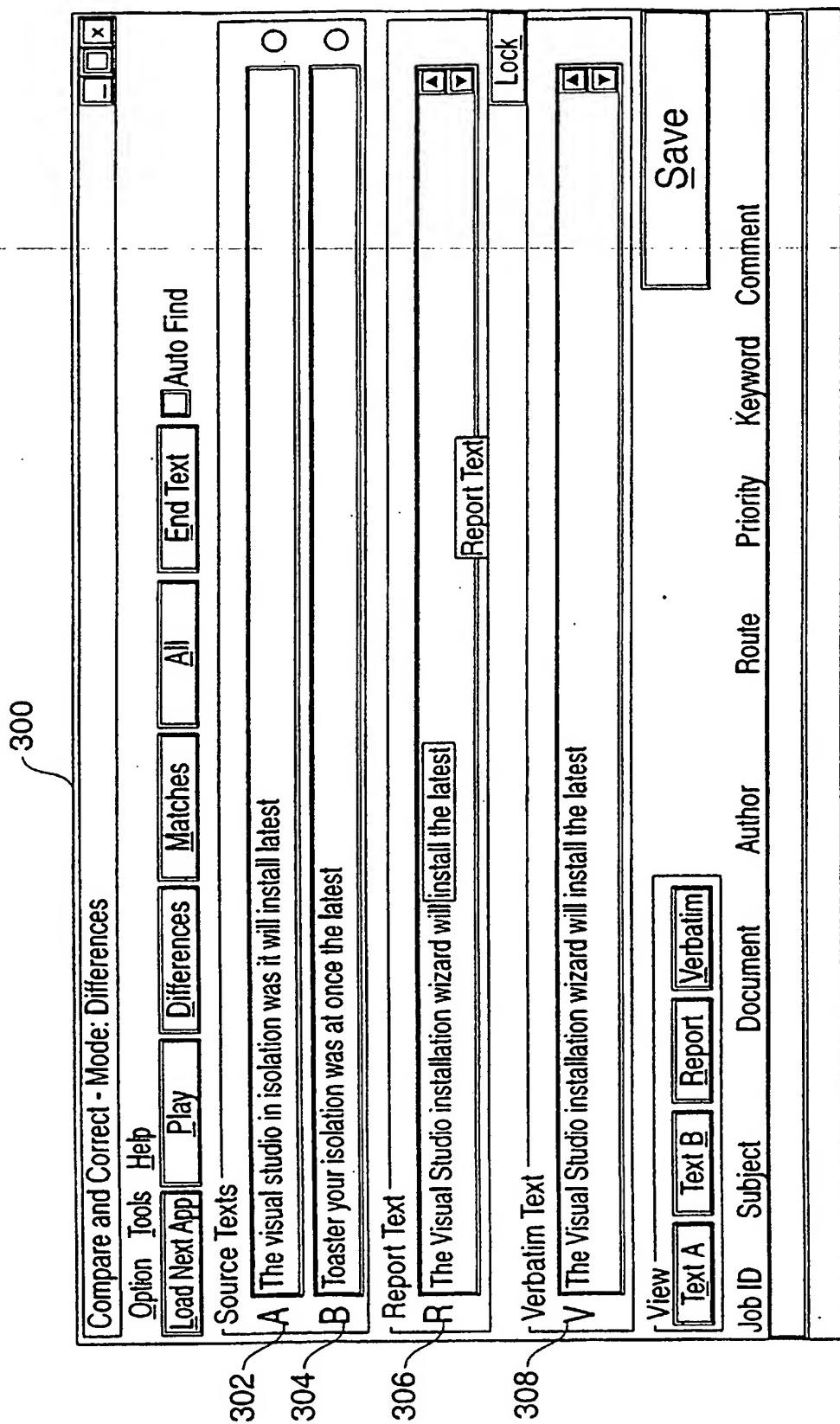


FIG. 2



Correct the errors in each utterance then press forward to continue to the next set.

FIG. 3

400

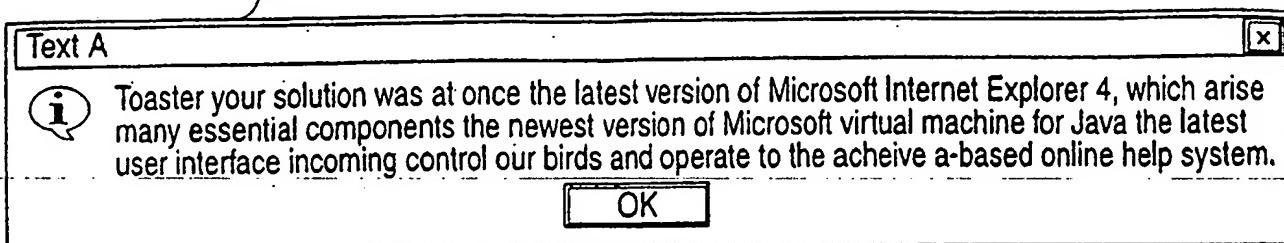


FIG. 4

Text A window.

500

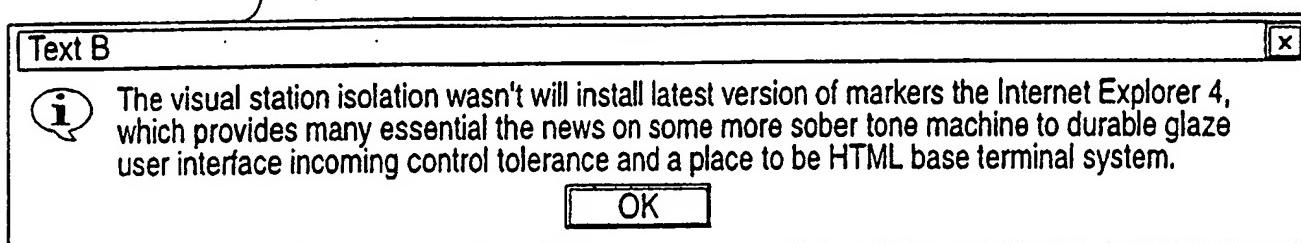


FIG. 5

Text B window.

319221

Secondary Transcribed Text		Verbatim Text - 100.00% Accuracy		Final Text	
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
600 Chest and lateral History: Himalayan. Referring physician: Thatcher Smith.		604 Hart size is mildly enlarged. There are prominent marking of the left lower lung fields. Findings may represent residual pneumonia or scarring. The right lung is clear. There is no evidence for underlying tumor. Incidental note is made and degenerative changes are the spine in shelters. Follow-up chest and lateral and 46 weeks is advised. Impression: no definite evidence for active pneumonia.		606 Just and lateral History: pneumonia. Referring physician: Doctor Smith.	
Hart died as mildly enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks if it fits to. Impression: no definite evidence for active in London.		Hart died as mildly enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks if it fits to. Impression: no definite evidence for active in London.		608 Just and lateral History: pneumonia. Referring physician: Doctor Smith.	
602 Just and lateral History: an ammonia. Referring physician: doctors mel.		Hart died as mildly enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks if it fits to. Impression: no definite evidence for active in London.			
				Language: 1033 Vocab: LS English Voc	
				CVR I U UserID: 00000002 Author: Mickey	

FIG. 6

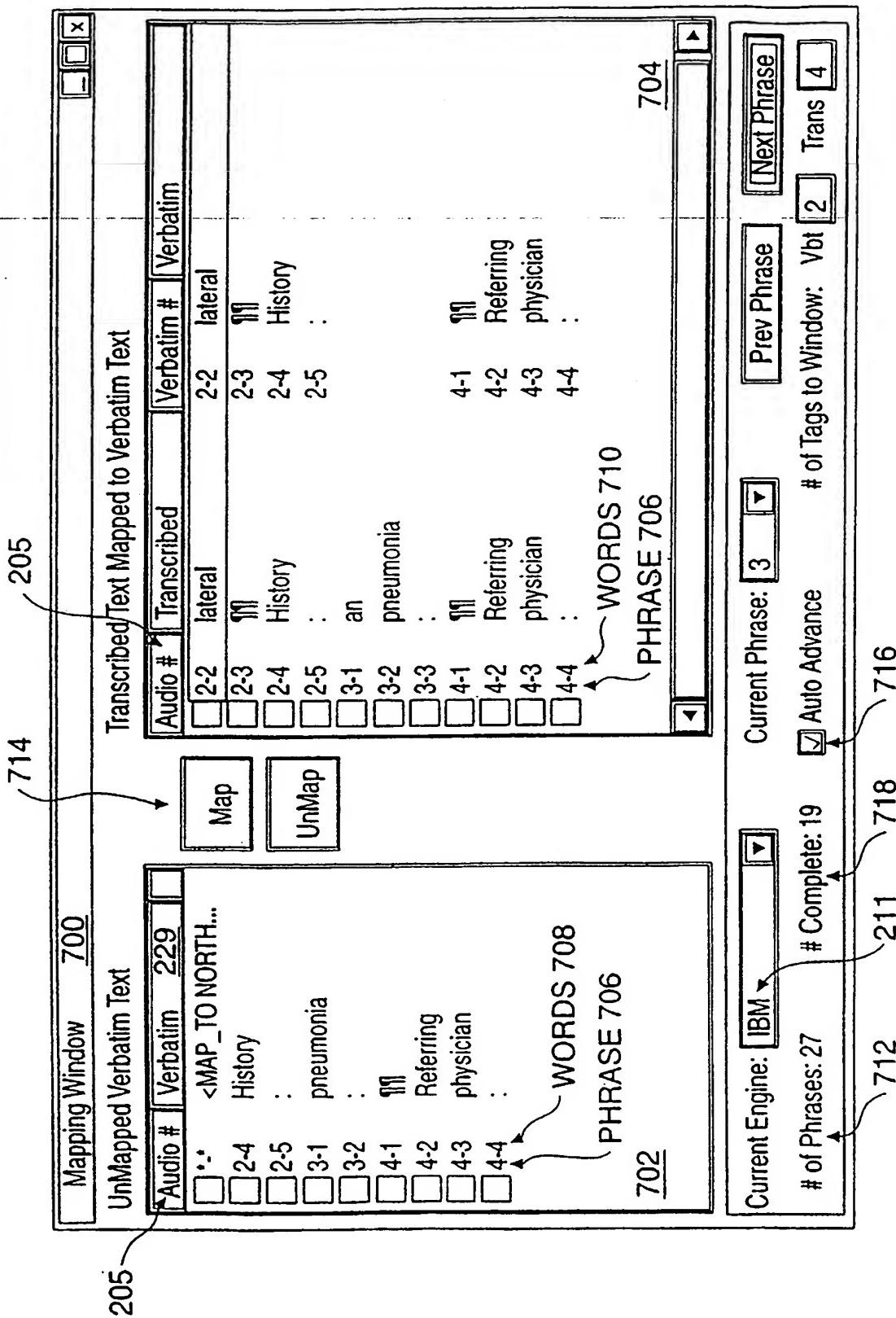


FIG. 7

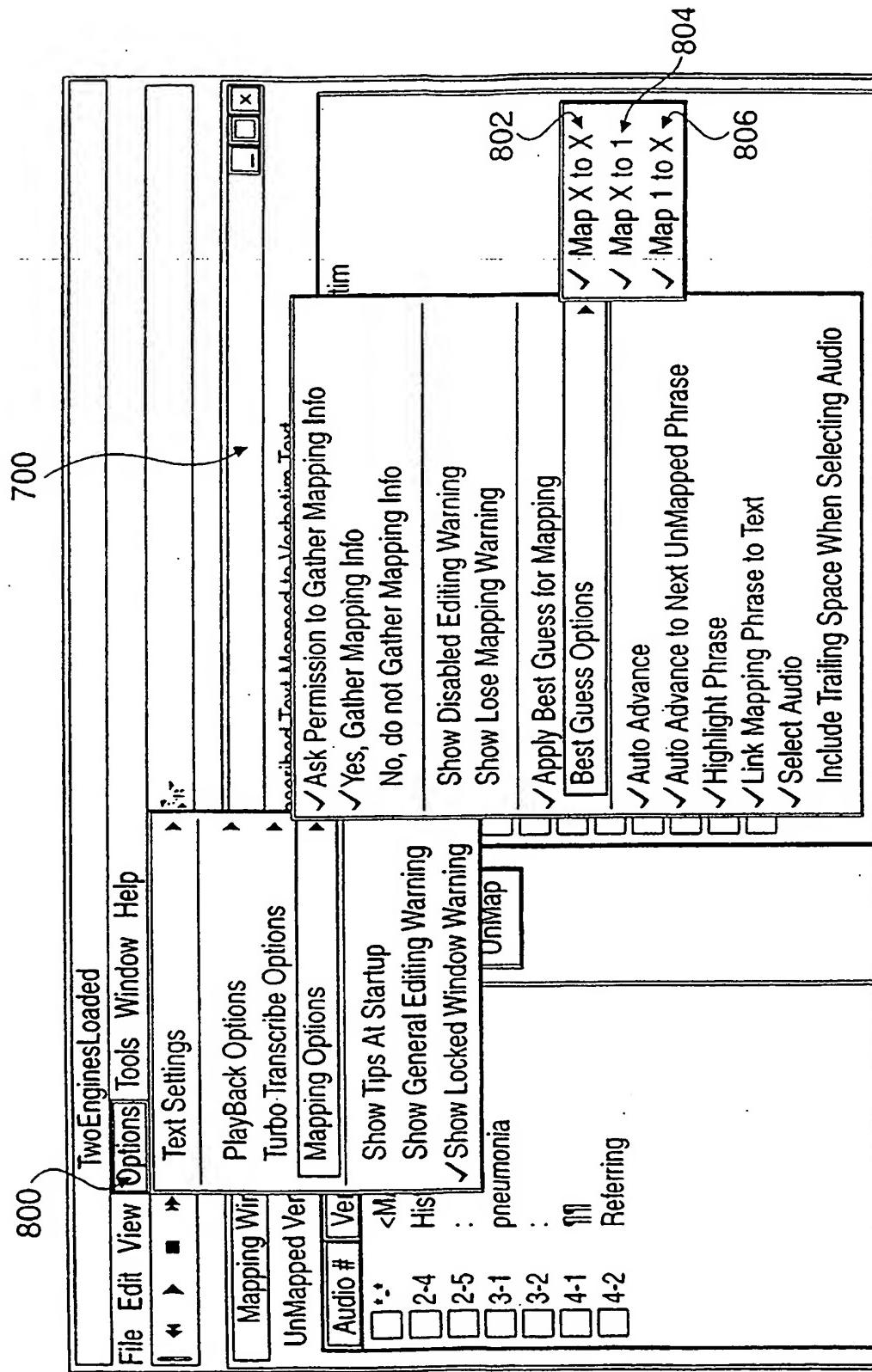


FIG. 8

900

WO 2004/003688

10/519221

PCT/US2003/020185

8/20

Transcribed Text Mapped to Verbatim Text

Audio #	Transcribed	Verbatim #	Verbatim
2-2	bilateral	2-2	bilateral
2-3	History	2-3	History
2-4	2-5	2-4	History
3-1	pneumonia	2-5	:
3-2		3-1	an
3-3	pneumonia	3-2	pneumonia
3-4		3-3	:
4-1	Referring physician	4-1	Referring physician
4-2		4-2	Referring physician
4-3		4-3	Referring physician
4-4		4-4	Referring physician

Secondary Transcribed Text (CSUSA_Session_Dragon-1.cs2) - 54.12% Accuracy

Just and bilateral
History San ammonia.
Referring physician: doctors met.

Hart died as mighty enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tumor now it may add degenerative changes are the spine and shoulders. Faintly South and lateral and 46 weeks if it fits to.

602

Just and bilateral
History San ammonia.
Referring physician: Doctor Smith.

Hart died as mighty enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tumor now it may add degenerative changes are the spine and shoulders. Faintly South and lateral and 46 weeks if it fights to.

603

Just and bilateral
History San ammonia.
Referring physician: Doctor Smith.

Hart died as mighty enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tumor now it may add degenerative changes are the spine and shoulders. Faintly South and lateral and 46 weeks if it fights to.

604

Just and bilateral
History San ammonia.
Referring physician: Thatcher Smith.

Heart size is mighty enlarged. There are prominent marking of the left lower lung fields. Findings may represent residual pneumonia or scarring. The right lung is clear. There is no evidence for underlying humor. Incidental note is made and degenerative changes are the spine in shelves. Follow-up chest and lateral and 46 weeks is advised.

605

Just and bilateral
History San ammonia.
Referring physician: Doctor Smith.

FIG. 9

User ID: 00000002 Auto: Webster Debbie Language: en-US Vocabulary: Default Modified: 11/16/2001

PROCESS 1000

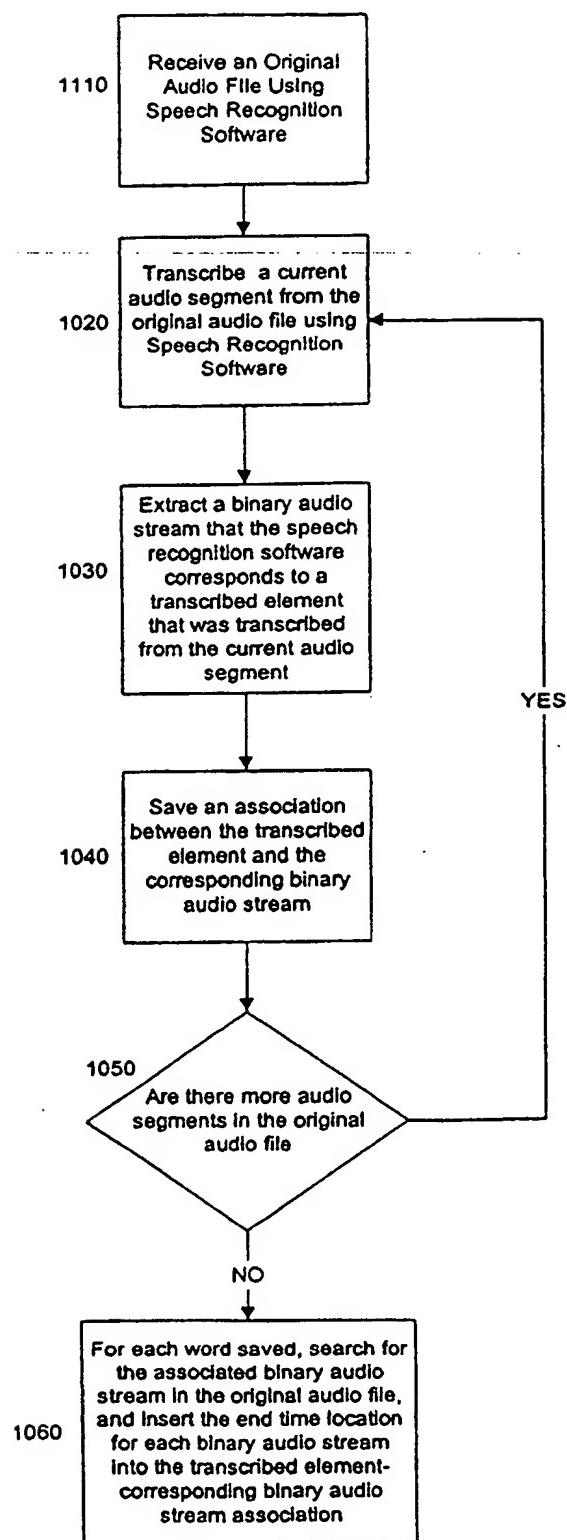


FIG. 10

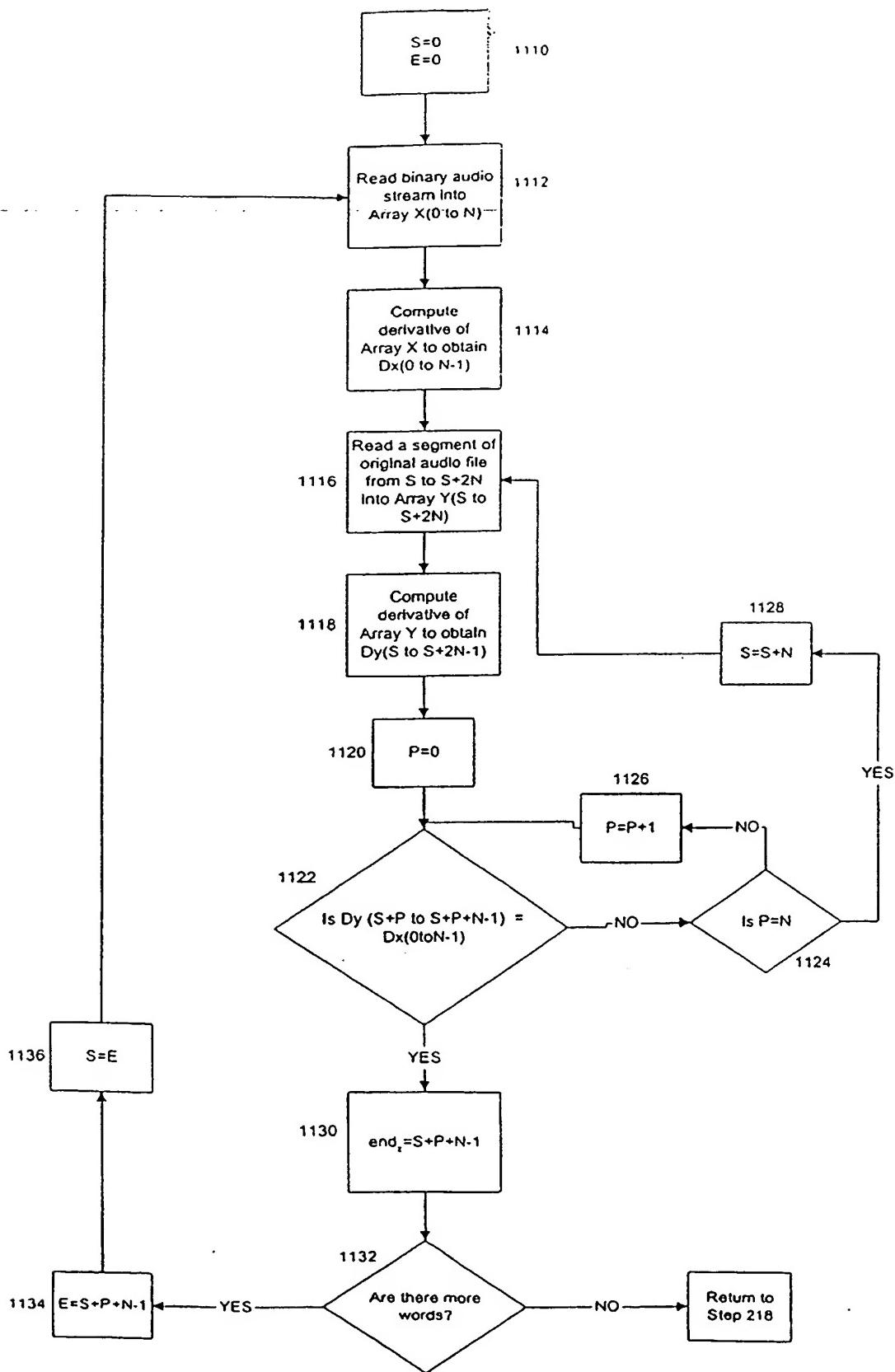


FIG. 11

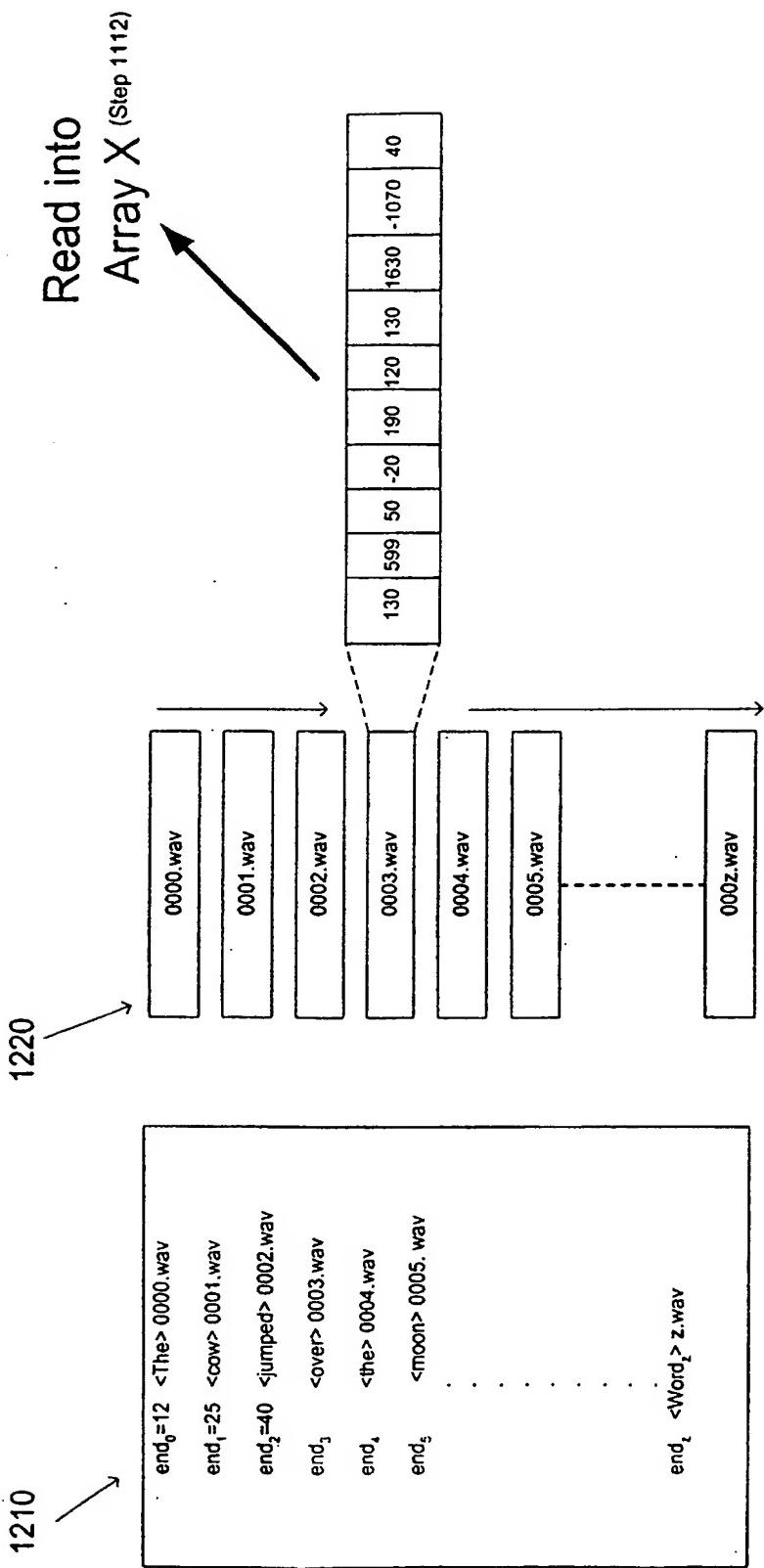


FIG. 12a

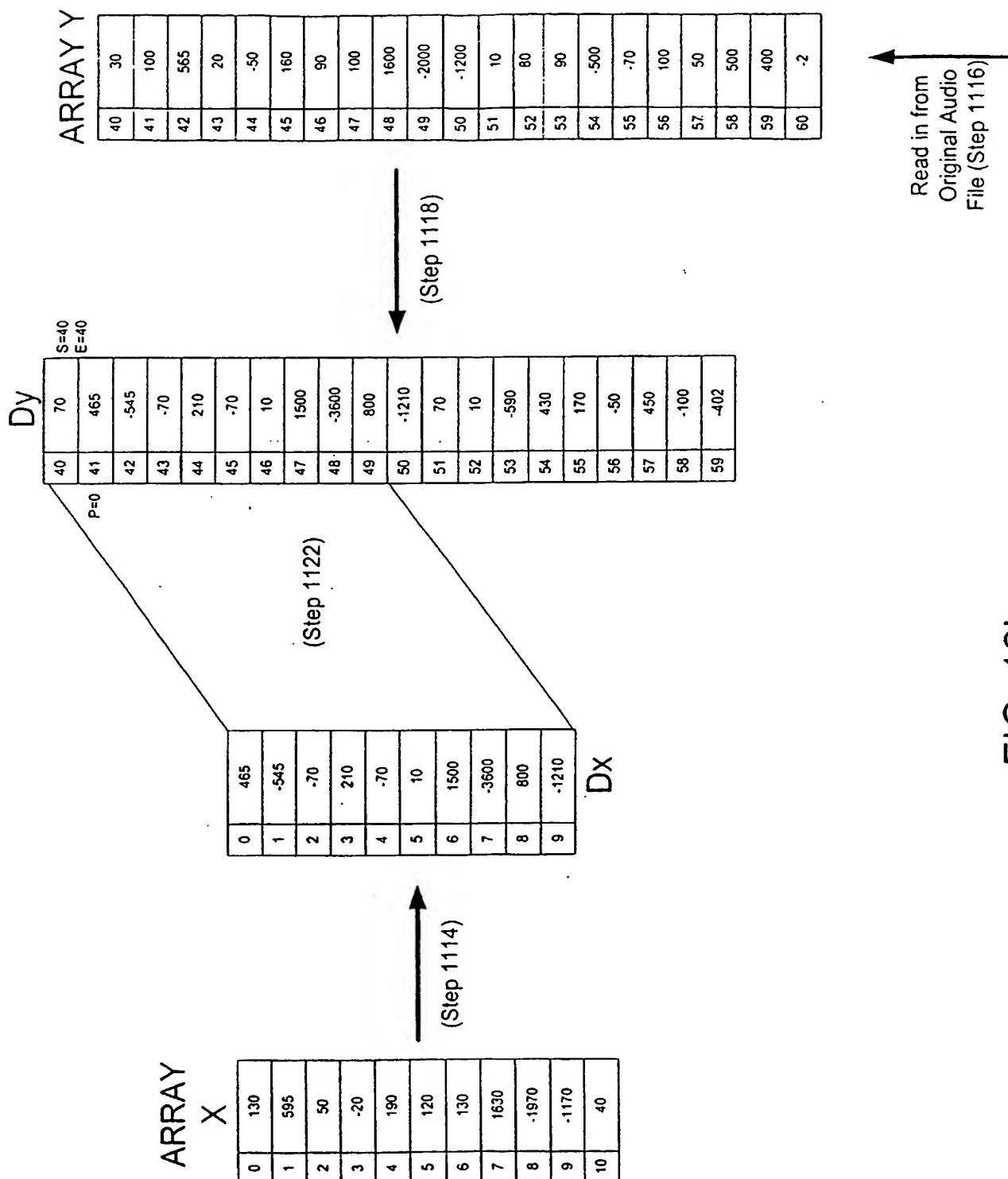


FIG. 12b

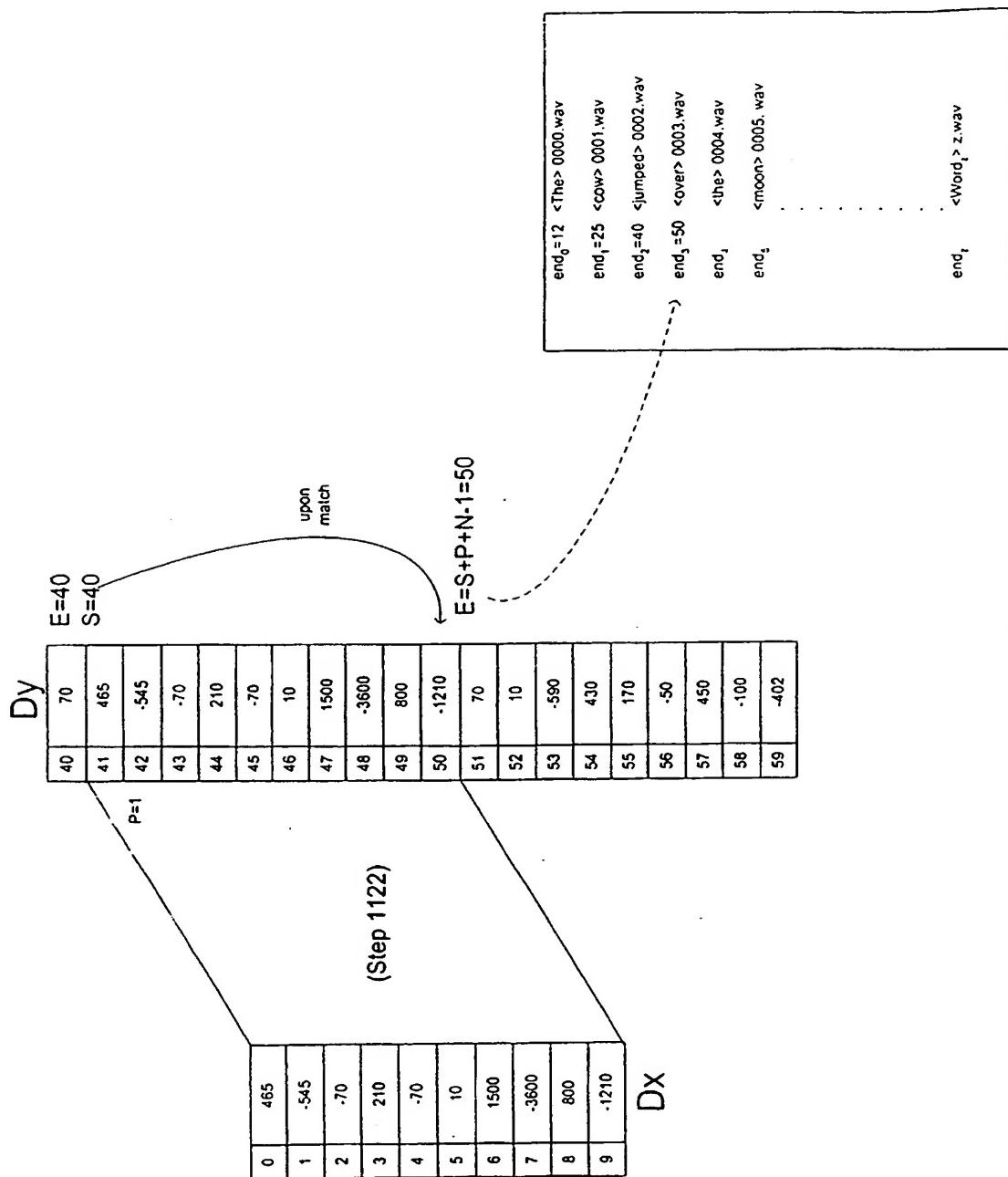


FIG. 12C

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1300

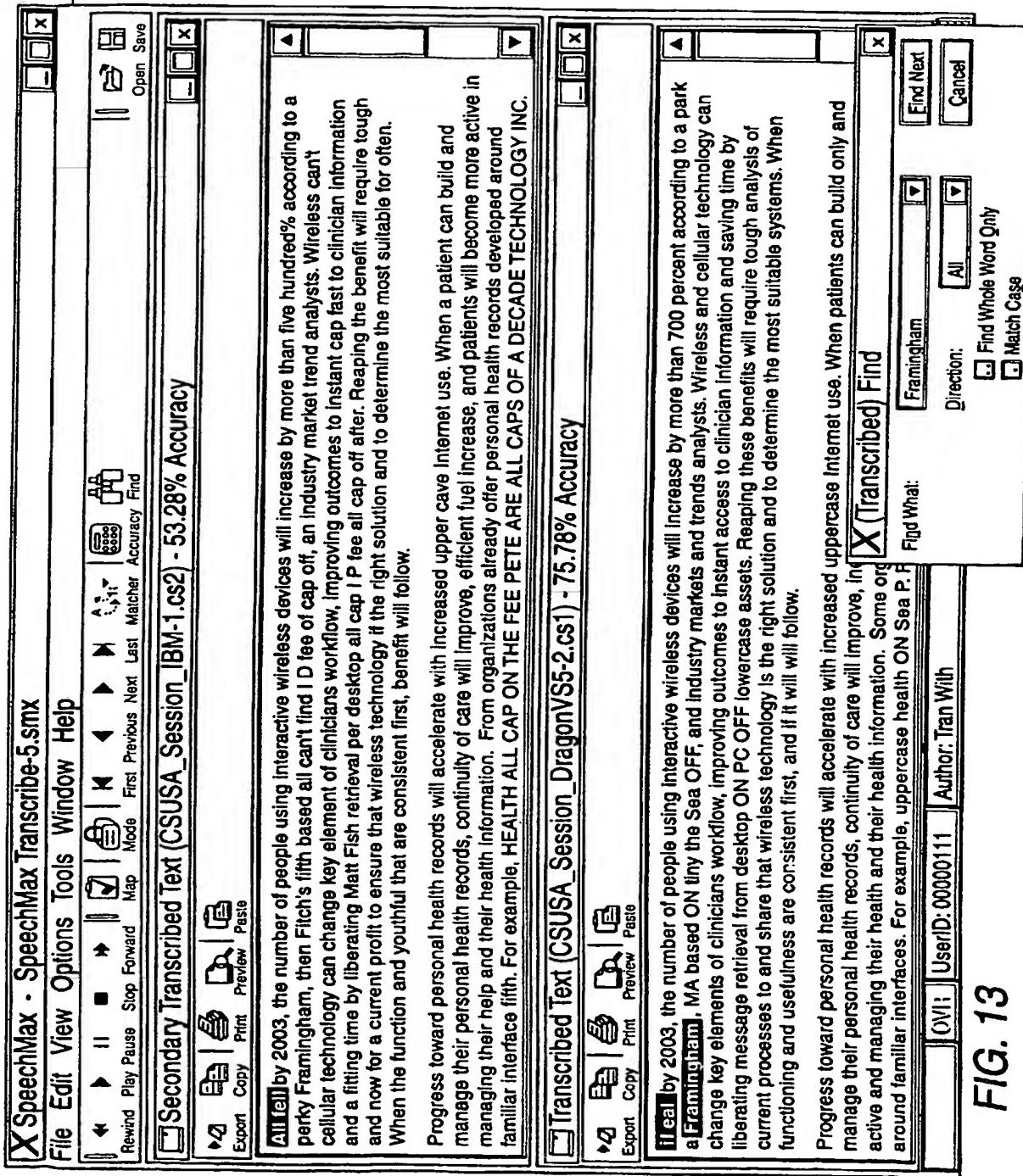


FIG. 13

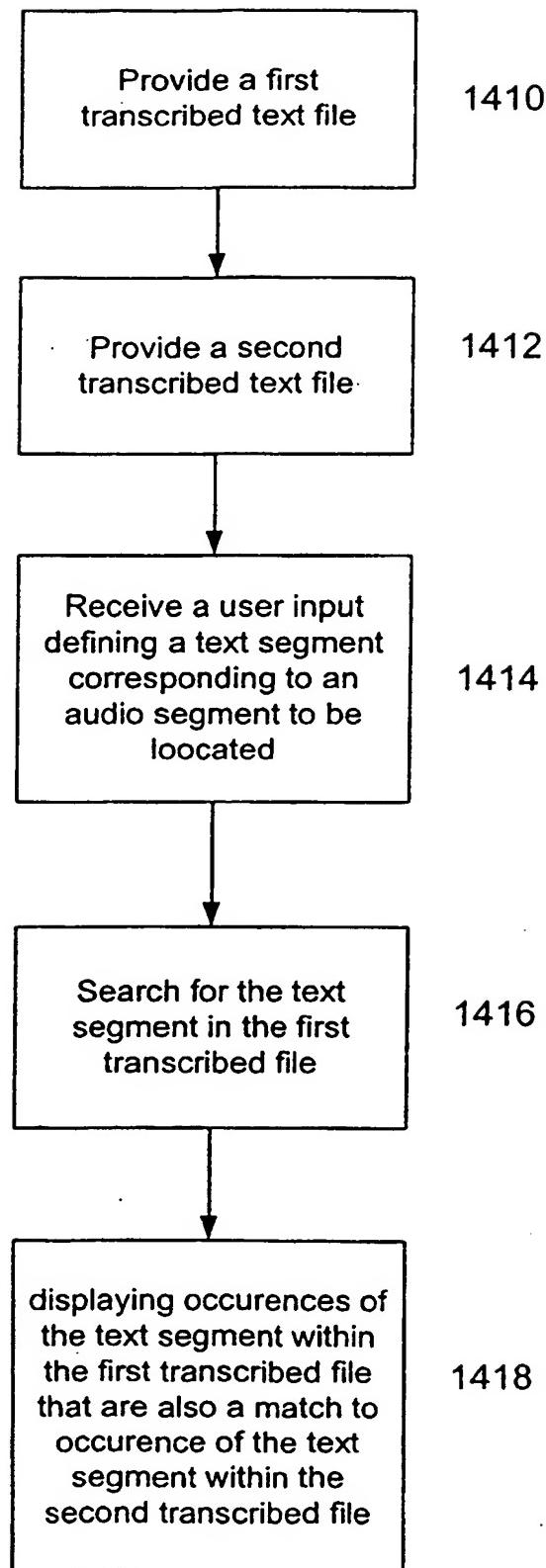


FIG. 14

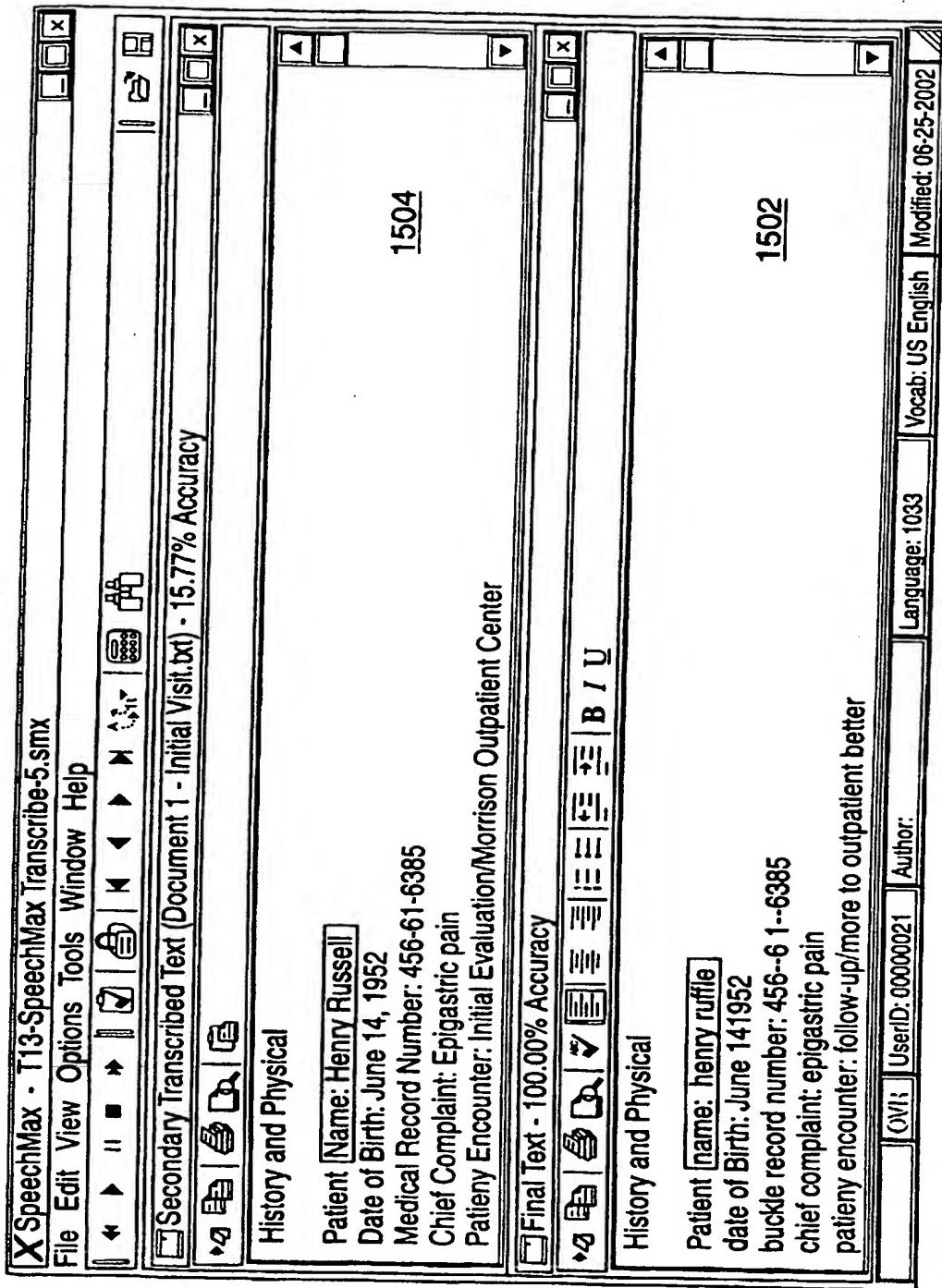


FIG. 15

Document 1--Initial Visit

History and Physical

Patient Name: Henry Russell

Date of Birth: June 14, 1952

Medical Record Number: 456-61-6385

Chief Complaint: Epigastric pain

Patient Encounter: Initial Evaluation/Morrison Outpatient Center

Examination Date: June 17, 2002

Referring Physician: Dr. Albert Block

Examining Physician: Dr. Henry M. Steele

History: Mr Russell is a 50 year old white male referred to me for intermittent epigastric pain. He self medicated with several over the counter drugs including Mylanta and Tagamet for several weeks before seeing his primary physician Dr. Block in late May. History and physical showed no significant abnormality. CBC and stool for occult blood was negative. Upper GI showed slight prominence of the gastric folds, suggestive of gastritis. Patient was referred for further evaluation. Patient complains of continued symptoms. He is otherwise in good health. Review of systems is noncontributory. He has no allergies and denies smoking, coffee, alcohol, or drug use.

On examination: Well developed, well nourished male. No acute distress. Oriented times 3. Vital signs are stable.

Head: Head normocephalic. Pupils equally round and reactive to light with accommodation. Hearing normal. Ears, nose, and throat not evaluated.

Neck: Supple. No significant adenopathy.

Chest: Lungs clear to auscultation and percussion. Heart sounds normal with no murmurs or rubs. Normal sinus rhythm.

Abdomen: Normal bowel sounds. Nontender. No palpable masses.

Rectum: Negative for occult blood. Prostate negative for masses.

Extremities: No cyanosis, clubbing, or edema. Old gunshot wound entry site right upper arm.

Neurological: Cranial nerves 2-12 intact.

Assessment and Plan: Continue with over the counter medications on an as needed basis. Prilosec, 20 milligrams, one tab per day times 7 days. Followup office visit in 1 week.

FIG. 16

10/519221

WO 2004/003688

PCT/US2003/020185

18/20

Document 2--Second Visit

History and Physical

Patient Name: Henry Russell

Date of Birth: June 14, 1952

Medical Record Number: 456-61-6385

Chief Complaint: Epigastric pain

Patient Encounter: Followup/Morrison Outpatient Center

Examination Date: June 24, 2002

Referring Physician: Dr. Albert Block

Examining Physician: Dr. Henry M. Steele

History: Mr Russell is a 50 year old white male referred to me for intermittent epigastric pain. He self medicated with several over the counter drugs including Mylanta and Tagamet for several weeks before seeing his primary physician Dr. Block in late May. History and physical showed no significant abnormality. CBC and stool for occult blood was negative. Upper GI showed slight prominence of the gastric folds, suggestive of gastritis. Patient was referred for further evaluation. Patient complains of continued symptoms. He is otherwise in good health. Review of systems is noncontributory. He has no allergies and denies smoking, coffee, alcohol, or drug use. After one week course of proton inhibitors he has no complaints.

On examination: Well developed, well nourished male. No acute distress. Oriented times 3. Vital signs are stable.

Head: Head normocephalic. Pupils equally round and reactive to light with accommodation. Hearing normal. Ears, nose, and throat not evaluated.

Neck: Supple. No significant adenopathy.

Chest: Lungs clear to auscultation and percussion. Heart sounds normal with no murmurs or rubs. Normal sinus rhythm.

Abdomen: Normal bowel sounds. Nontender. No palpable masses.

Rectum: Not examined.

Extremities: No cyanosis, clubbing, or edema. Old gunshot wound entry site right upper arm.

Neurological: Cranial nerves 2-12 intact.

Assessment and Plan: Continue with over the counter medications on an as needed basis. Return visit if required.

FIG. 17

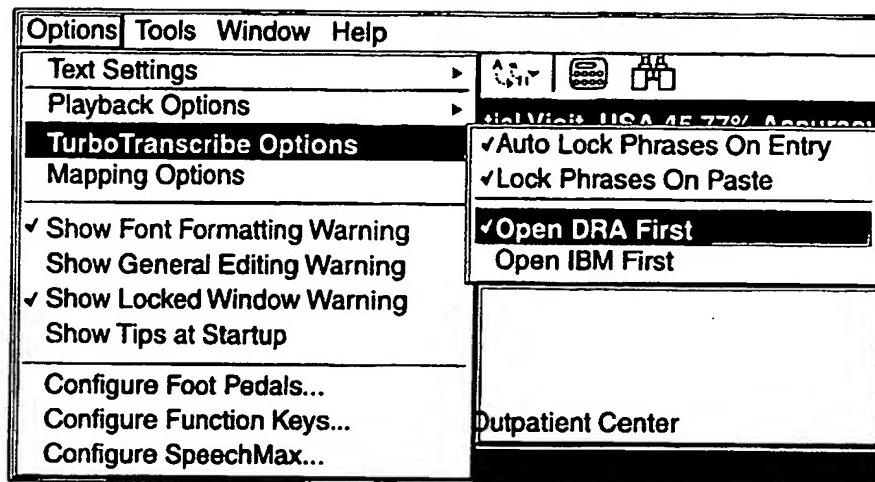


FIG. 18

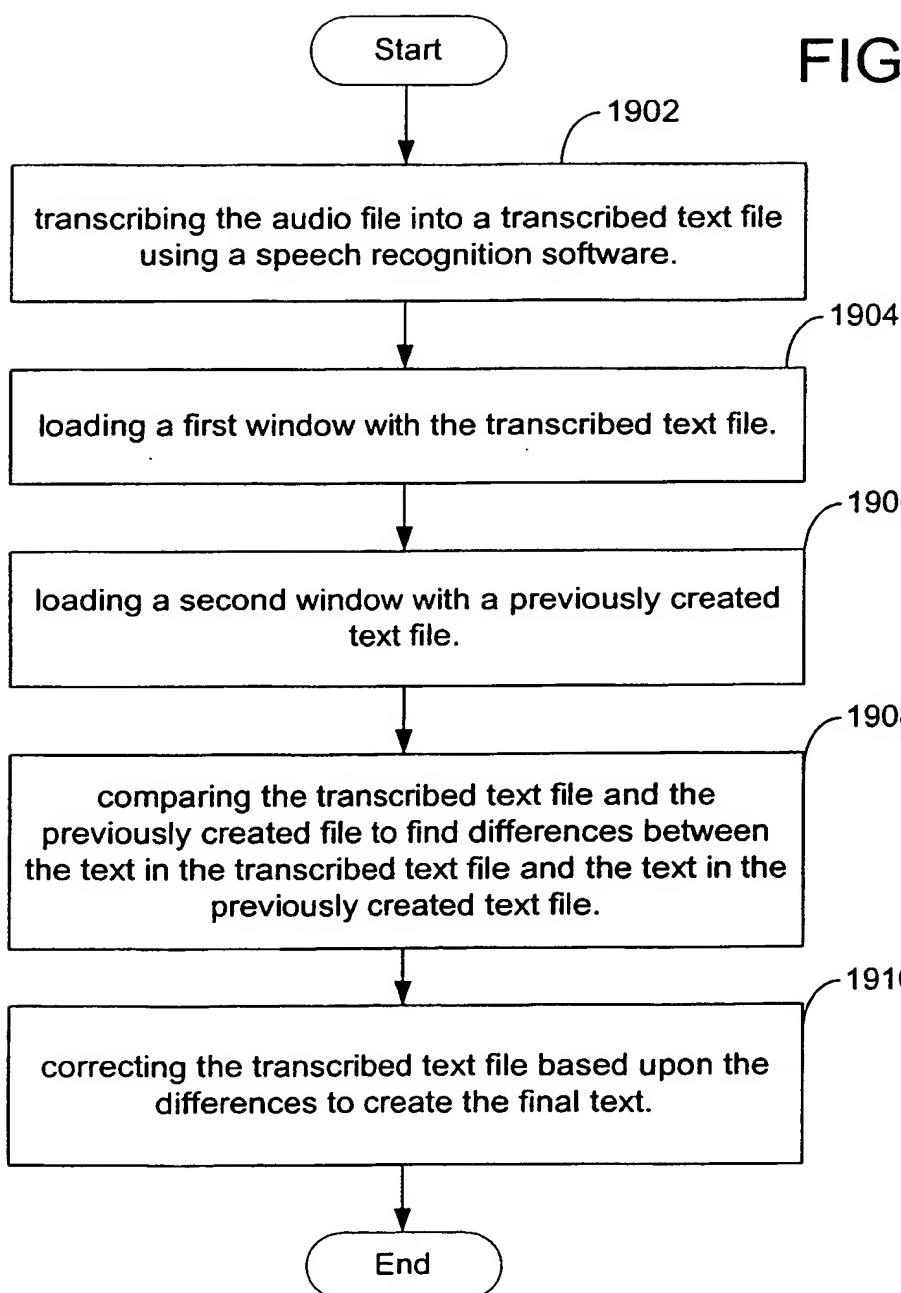


FIG. 19